

## Classroom Teacher Observation

Student \_\_\_\_\_

Teacher/Observer \_\_\_\_\_

Class/Subject \_\_\_\_\_

Hours with student per week \_\_\_\_\_

Current Progress: ☐ Satisfactory ☐ Not Satisfactory

1. Indicate the typical method(s) of instruction used in the student's area(s) of academic difficulty:
 

<input type="checkbox"/> Lecture/Demonstration	<input type="checkbox"/> Independent Study	<input type="checkbox"/> Discovery	<input type="checkbox"/> Discussion
<input type="checkbox"/> Competency Worksheets	<input type="checkbox"/> Group Investigation	<input type="checkbox"/> Role Playing	<input type="checkbox"/> Simulation
<input type="checkbox"/> Laboratory Training	<input type="checkbox"/> Learning Centers	<input type="checkbox"/> Drill and Practice	<input type="checkbox"/> Peer Tutoring
<input type="checkbox"/> Other: _____			
2. Are you aware of any factors that may impact this student's learning or behavior? ☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_
3. Do you have any concerns regarding this student? ☐ Yes ☐ No  
If yes, please specify: \_\_\_\_\_
4. What influences this student's grades? (Check all that apply)
 

<input type="checkbox"/> homework performance	<input type="checkbox"/> poor test performance	<input type="checkbox"/> absenteeism/tardiness
<input type="checkbox"/> misuse of class time	<input type="checkbox"/> peer interaction	<input type="checkbox"/> disrespectful
<input type="checkbox"/> lack of class participation	<input type="checkbox"/> other (specify): _____	
5. I have used the following modifications with this student:

Classroom Testing Accommodations/Modifications	Assignment Accommodations/Modifications	Classroom Accommodations/Modifications
<i>Put letters corresponding to subject area next to modifications used.</i>		
<input type="checkbox"/> Extended Time <input type="checkbox"/> Oral Testing (Read Aloud Test Items) <input type="checkbox"/> Repeating Directions Verbatim <input type="checkbox"/> Use of Calculator <input type="checkbox"/> Modify grading scale <input type="checkbox"/> Additional Time <input type="checkbox"/> Modify Format (multiple choice, short answer) <input type="checkbox"/> Abbreviated Concepts <input type="checkbox"/> Other _____	<input type="checkbox"/> Assignment Notebook <input type="checkbox"/> Abbreviated Assignments <input type="checkbox"/> Additional Time <input type="checkbox"/> Study Guide <input type="checkbox"/> Extra Grade Opportunities (extra credit, re-do missed items) <input type="checkbox"/> Compacting <input type="checkbox"/> Other _____ _____ _____	<input type="checkbox"/> Preferential Seating <input type="checkbox"/> Provide Copies of Material to be Copied from Book to Board <input type="checkbox"/> Provide Copies of Notes (from another student) <input type="checkbox"/> Peer Tutoring <input type="checkbox"/> Behavior/Performance Contracting <input type="checkbox"/> Highlighted Textbook <input type="checkbox"/> Taped Materials <input type="checkbox"/> Other _____ _____

Areas: A—Reading B—History C—Chapter I D—Music/Art E—Physical Education F—Social Studies G—Math H—Library  
I—Lunch J—Spelling K—Health L—English M—Science N—All Subjects O—Other: \_\_\_\_\_

6. Describe this student's general classroom behavior and work habits.

Strengths: \_\_\_\_\_

Weaknesses: \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Date \_\_\_\_\_

ATTACH ANY ADDITIONAL INFORMATION YOU FEEL MIGHT BE HELPFUL IN MEETING THIS STUDENT'S EDUCATIONAL NEEDS